

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
 See Instructions on Reverse Side

1. County Crawford Town Village Wazeka City
Check one and give name

per map from MSA

2. Location Section 18 Township 7-N Range 4 West
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Max McCall
Name of individual, partnership or firm

FEB 27 1962

4. Mail Address Wazeka, Wis.
Complete address required

SANITARY
 ENGINEERING

5. From well to nearest: Building 6 ft; sewer ft; drain ft; septic tank 0 ft;
 dry well or filter bed 80 ft; abandoned well ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	63			
6	63	111			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	standard pipe 19.45	0	65

9. GROUT:

Kind	From (ft.)	To (ft.)
Drill Cuttings	0	63

11. MISCELLANEOUS DATA:

Yield test: 2 Hrs. at 28 GPM.
 Depth from surface to water-level: 68 ft.
 Water-level when pumping: 72 ft.
 Water sample was sent to the state laboratory at:
Madison on Feb 19 1962
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
clay	0	3
clay sand + gravel	3	10
sand - some gravel	10	63
hard shale	63	81
limestone	81	111

Construction of the well was completed on:
Feb 12, 1962 1962

The well is terminated 10 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Duane Lubbers
 Registered Well Driller

Farmerburg Well Drillers
 Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli _____
 Examiner _____